



Inspection Report on

Snowdon Care Home

**Snowdon Care Home
Llanberis
Caernarfon
LL55 4LF**

Date Inspection Completed

14/11/2023

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About Snowdon Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Plas Garnedd Llanberis Limited
Registered places	27
Language of the service	Both
Previous Care Inspectorate Wales inspection	14 March 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

This inspection was to establish whether the provider and responsible individual (RI) have made the required improvements to the service following actions required at the last inspection. We therefore did not consider all the inspection themes in detail.

There is currently a new manager at the service, with the RI overseeing the day-to-day management. Improvements were seen in the reporting of incidents as required by the regulations and management are working with visiting professionals regarding the safe management of medication. Staff development and training for all staff needs to be sustained to improve their skills and knowledge. Supporting people to pursue their daily interests and activities is an area for improvement.

The premises are located within their own grounds and near to local facilities. The home is clean with no unpleasant odours. Work has commenced to improve the environment, with the completion of the new conservatory imminent. Some areas identified at the last inspection remain outstanding. External contractors are addressing some of the environmental issues.

Well-being

Staff treat people with respect, and we saw staff respond promptly to individuals' needs and preferences. People are relaxed and comfortable in the presence of staff who converse in a friendly, caring, and respectful way. People can choose to stay in their bedrooms or join others in the main lounge or dining area. One person told us they were happy with the care and support provided by staff.

People don't always do things that matter to them or have opportunities to experience a choice of activities. They can relax in their bedrooms or in one of the communal areas to chat and watch television. A selection of books, games and craft items are available around the home, but we were told no activities have taken place for some time. Staff told us they did not have time to engage in activities with people as their priority is supporting people with their care needs. One person told us when discussing activities *"It's no reflection on the staff they are all good."* Another person told us *"There's nothing to do here but sit in the chair."* There were no planned activities taking place on the day of the visit. The individual records of activities do not fully evidence what people participate in whether group or one-to-one.

The quality of the environment is improving. Some areas of the environment have received attention and the major work to complete the renovations to the conservatory are near completion. Other areas of the home would benefit from refurbishment to further enhance people's well-being.

The 'Active Offer' of the Welsh language is promoted. We heard staff speaking both Welsh and English to people to help them feel at home.

Care and Support

We observed staff attend to people's needs in a caring manner. The staff told us they felt there are enough care workers on duty to meet the care needs of people currently at the service. Call bells are within easy reach for people in their bedrooms for them to alert staff if assistance is required. People told us they had access to the call bells in their bedrooms.

People receive care and support that meets their individual needs. Care records are electronic and personal plans seen are detailed. Care workers use handheld devices to add care interventions, as they take place. Care workers use the programme on the services mobile devices to store all personal documentation regarding people. This includes personal plans, and risk assessments providing staff with information to support and care for people in line with their identified needs. The new manager is in the process of reviewing all care plans.

People told us they can choose where they spend their days, either in their bedroom or in one of the communal areas. Our observations show some people sit in the lounge watching television, others sit in the smaller lounge or in the personal surroundings of their bedrooms. We heard staff interact with people in a meaningful way. There were no planned activities taking place and people who chose to stay in their bedrooms told us staff will not visit them in their rooms unless the call bell is activated. Staff also said no activities had taken place for some time, they also commented they did not have time to support people with activities. The manager showed us activities posters and discussed plans for future activities, but these had not been introduced at the time of inspection. We heard staff using both Welsh and English language with people according to their preference, to help people feel they belong. A varied range of activities are not in place to enhance people's wellbeing. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People remain as healthy as they can be due to the care provided and timely referrals to health professionals. During this inspection we did not look at medication administration and storage in detail. Senior care staff take responsibility for the administration and storage of medication. A review of medication is scheduled by the local health board. Following the inspection visit CIW received a copy of the Community pharmacy report following their visit to the service on 13 December 2023. Three actions for improvement were made in relation to compliance with the National Institute for Health and Care Excellence (NICE) guidelines. People's dietary needs are considered, and healthy, nutritious meals ensure people remain well. The catering staff and management are looking at reviewing the current menu to introduce more choices. One person told us *"We have a varied diet, but there is no choice on the daily menu, today we had something different which I really enjoyed."* We saw hot and cold refreshments on offer with homemade cakes prepared for afternoon tea.

Environment

People live in a home which is clean and secure. Visitors are asked for identification and to sign the visitors' book. Due to major construction work to the conservatory people are restricted to the rear patio areas of the building as it is currently an unsafe area for people to access. Residents have access to the front areas of the building where there is a patio and smoking area. People have access to other areas of the home including the lounge and dining area. There are aids and adaptations to support people to access all areas. Access to the first floor is by the stairway or passenger lift. Equipment was seen to be clean and well maintained, with annual safety checks conducted.

The providers are working on improving the environment to promote people to achieve their personal well-being outcomes. The conservatory is being rebuilt and due for completion in 2024, a first floor bathroom has a water leak and the bathroom on the ground floor is showing effects of the water damage. Paintwork in communal areas are scuffed due to high traffic areas and the cooker hob is not fully operational. The visitor's toilet has been refurbished to a good standard. Environmental issues are ongoing; therefore, the priority action notice remains in place.

There was sufficient Personal Protective Equipment (PPE) readily available around the home on wall mounted dispensers, with Infection Prevention and Control (IPC) posters in communal areas. The relocating of posters should be addressed by management to enhance people's well-being. In addition, the provider should manage the risk of storage of gloves and aprons.

The food hygiene rating for the home remains at four out of a possible five for hygiene standards.

Leadership and Management

The provider has governance arrangements in place to support the operation of the service. The RI attends the service on a regular basis to provide support to the staff team. A new manager has commenced at the service and shared their vision to improve standards within the home. The service has a Statement of Purpose (SoP), which clearly describes who the service is for and how care will be delivered. People are given information that describes the service and how to make a complaint. The RI has produced a quality-of-care review report which includes the views of people and areas for improvement to improve standards at the home.

At the last inspection it was identified the provider does not always submit notifications in a timely manner or where an event which must be reported to the regulator has occurred. During this inspection we saw improvements had been made regarding the submission of notifications as required by the regulations.

Staff recruitment processes are in place. Records show checks are carried out prior to commencing employment. The provider has a selection and vetting process in place, which includes obtaining references. We looked at records of three care workers and found two references for two care workers and one reference for one care worker. The RI provided copies of the references following the inspection visit. Staff employed are registered with Social Care Wales (SCW). Evidence received through this inspection process is sufficient to close the priority action notice.

The new manager is proactive in supporting staff and implementing changes to improve overall standards at the service. Staff meetings are scheduled to share operational matters such as training, health and safety, and provide opportunities for staff to share ideas or any concerns regarding service delivery. Records show staff receive supervision in line with the required frequency as stated in the regulations. Training records show not all staff have received training which is specific to peoples identified needs. Further development of staff training and support will ensure care staff have the skills and knowledge to meet the identified needs of individuals in the home, keeping them safe and promoting positive health outcomes. Staff development and training are ongoing; therefore, the priority action notice remains in place.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
44	The provider does not have a plan of maintenance in place and has not identified areas of Health and Safety, IPC and general decoration which need to be addressed.	Not Achieved
35	The provider has failed to ensure there is an effective process in place to ensure that care staff have the required references in place prior to them commencing their post.	Achieved
36	Not all staff receive regular supervision in line with the required frequency. Staff do not receive training which is specific to the identified care needs of people being supported. Not all staff have completed training recorded in training records	Not Achieved
58	Medicines are not managed safely within the home.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
21	People are not supported to participate in a range of activities to enhance their well-being. The provider should promote a range of activities dependent on individuals preferences and abilities.	New
60	The provider does not always submit notifications in a timely manner or where an event, as specified in the regulations has occurred.	Achieved

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